

DEVELOPMENTAL COUNSELING FORM

For use of this form, see FM 22-100; the proponent agency is TRADOC

DATA REQUIRED BY THE PRIVACY ACT OF 1974

AUTHORITY: 5 USC 301, Departmental Regulations; 10 USC 3013, Secretary of the Army and E.O. 9397
PRINCIPAL PURPOSE: To assist leaders in conducting and recording counseling data pertaining to subordinates.
ROUTINE USES: For subordinate leader development IAW FM 22-100. Leaders should use this form as necessary.
DISCLOSURE: Disclosure is voluntary.

PART I - ADMINISTRATIVE DATA

Name (Last, First, MI)	Rank/Grade	Social Security No.	Date of Counseling
Organization		Name and Title of Counselor	

PART II - BACKGROUND INFORMATION

Purpose of Counseling: (Leader states the reason for the counseling, e.g., performance/professional growth or event-oriented counseling, and includes the leader's facts and observations prior to the counseling.)

To:

- Discuss Substandard Performance Separation.

PART III - SUMMARY OF COUNSELING

Complete this section during or immediately subsequent to counseling.

Key Points of Discussion:

On (Date) _____, I was notified of your substandard performance in the following area(s): (circle appropriate area)

- a. Weight Control
- b. APFT
- c. Drug and Alcohol
- d. Failure to maintain a Family Care Plan
- e. Indebtedness
- f. FTR
- g. Other: _____

If your substandard conduct continues, action may be initiated to separate you from the Army under AR 635-200. If you are involuntarily separated you could receive an honorable discharge, a general (under honorable conditions) discharge, or an under other than honorable conditions discharge. An honorable discharge may be awarded under any provision. A general discharge may be awarded for separation under all chapters. An under other than honorable conditions discharge may be awarded for separation under Chapter 14. If you receive an honorable discharge, you will be qualified for most benefits resulting from military service. An involuntary honorable discharge however, will disqualify you from receiving transitional benefits (e.g. commissary, housing, health benefits, and the Montgomery GI Bill). If you receive a general discharge, you will be disqualified from reenlisting in the service for some period of time and you will be ineligible for some benefits, including the Montgomery GI Bill. If you receive an under other than honorable discharge, you will be ineligible for reenlistment and most benefits, including payment for accrued leave, transportation or dependents and household goods to home, transitional benefits, and the Montgomery GI Bill. You may also face difficulty in obtaining civilian employment, as employers have a low regard for general and under other than honorable condition discharges. Although there are agencies to which you may apply to have the character of your discharge changed, it is unlikely that any such application will be successful.

OTHER INSTRUCTIONS

This form will be destroyed upon: reassignment (other than rehabilitative transfers), separation at ETS, or upon retirement. For separation requirements and notification of loss of benefits/consequences see local directives and AR 635-200.

Plan of Action: *(Outlines actions that the subordinate will do after the counseling session to reach the agreed upon goal(s). The actions must be specific enough to modify or maintain the subordinate's behavior and include a specified time line for implementation and assessment (Part IV below).)*

- Review and discuss separation statement.
- Discuss performance with soldier.

Session Closing: *(The leader summarizes the key points of the session and checks if the subordinate understands the plan of action. The subordinate agrees/disagrees and provides remarks if appropriate.)*

Individual ☐ I agree ☐ disagree with the information above.

Individual counseled remarks:

Signature of Individual _____ Date: _____

Leader Responsibilities: *(Leader's responsibilities in implementing the plan of action.)*

- Ensure the soldier understands the importance of this counseling.
- Ensure the supervisor conducts in depth counseling with the soldier concerning the conduct that led to this notification.

Signature of Counselor: _____ Date: _____

PART IV - ASSESSMENT OF THE PLAN OF ACTION

Assessment: *(Did the plan of action achieve the desired results? This section is completed by both the leader and the individual counseled and provides useful information for follow-up counseling.)*

Counselor: _____ Individual _____ Date of _____

Note: Both the counselor and the individual counseled should retain a record of the counseling.